## PART B - FEE(S) TRANSMITTAL

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| RIDOUT/BHGL<br>BRINKS HOFER GILSON & LIONE<br>CAPITAL CENTER, SUITE 1100   |   |  |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                 |                    |                       |
| 201 NORTH IL   |   | Sara E. Vessely (Depositor's na                        |  |   |                 |                    |                       |
| INDIANAPOLI  | S, IN 46204-4220  |  |  | 100 me  | HUK             |                    | (Signature)           |
|  | ,   |  |  | 9/0   | 2000            | 1 ()               | (Date)                |
| APPLICATION NO.  | FILING DATE   |  | FIRST NAMED INVENTOR   |   | ATTORNEY        | DOCKET NO.         | CONFIRMATION NO.      |
| 10/580,507   | .05/23/2006   |  | Amadeo Parissenti  |   | 12332/006 2338  |                    | 2338                  |
| TITLE OF INVENTION DRUG TREATMENT  | n: USE OF ISOGENIC  | DRUG-RESISTANT C                                       | CELL LINES TO DETER  | MINE THE SEQ  | UENCE OF (      | CHEMOTHERAI        | PEUTIC                |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSU   | E FEE TOT       | TAL FEE(S) DUE     | DATE DUE              |
| nonprovisional   | YES   | \$755  | \$300  | \$0   |                 | \$1055             | 09/11/2009            |
| EXAM   | EXAMINER  |  | CLASS-SUBCLASS   |   |                 |                    |                       |
| SRIVASTAVA, KAILASH C  |   | 1657   | 435-007230   |   |                 |                    |                       |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |   |                 |                    |                       |
| PLEASE NOTE: Un<br>recordation as set fort<br>(A) NAME OF ASSI   | less an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE | ified below, no assignee<br>bletion of this form is NO | THE PATENT (print or ty) data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY)  | atent. If an assigr<br>assignment.<br>'and STATE OR (   | COUNTRY)        |                    |                       |
| Please check the appropr   | Tate assignee category of                                   | categories (will not be pi                             | inted on the patent).  | i ilidividuai 🗀 C   | orporation or t | omer private grou  | p chity — Government  |
| 4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies  |   |  | <ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).</li> </ul>  |   |                 |                    |                       |
| 5. Change in Entity Sta  | tus (from status indicated s SMALL ENTITY state             |  | b. Applicant is no lon   | ger claiming SMA  | LL ENTITY s     | status. See 37 CFI | R 1.27(g)(2).         |
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|  |   | tes Patent and Trademark                               | Office.  |   | 8/              | 1/09               |                       |
| Authorized Signature   |   |  |  | Date  |                 |                    |                       |
|  | e A. James Ri   |  |  | Registration N  |                 |                    |                       |
| Alexandria, Virgilia 223   | 13-1430.  |  | on is required to obtain or a 1,14. This collection is est depending upon the indivention office COMPLETED FORMS TO spond to a collection of infection of infecti |   |                 |                    |                       |